



Health Quality Innovation Network

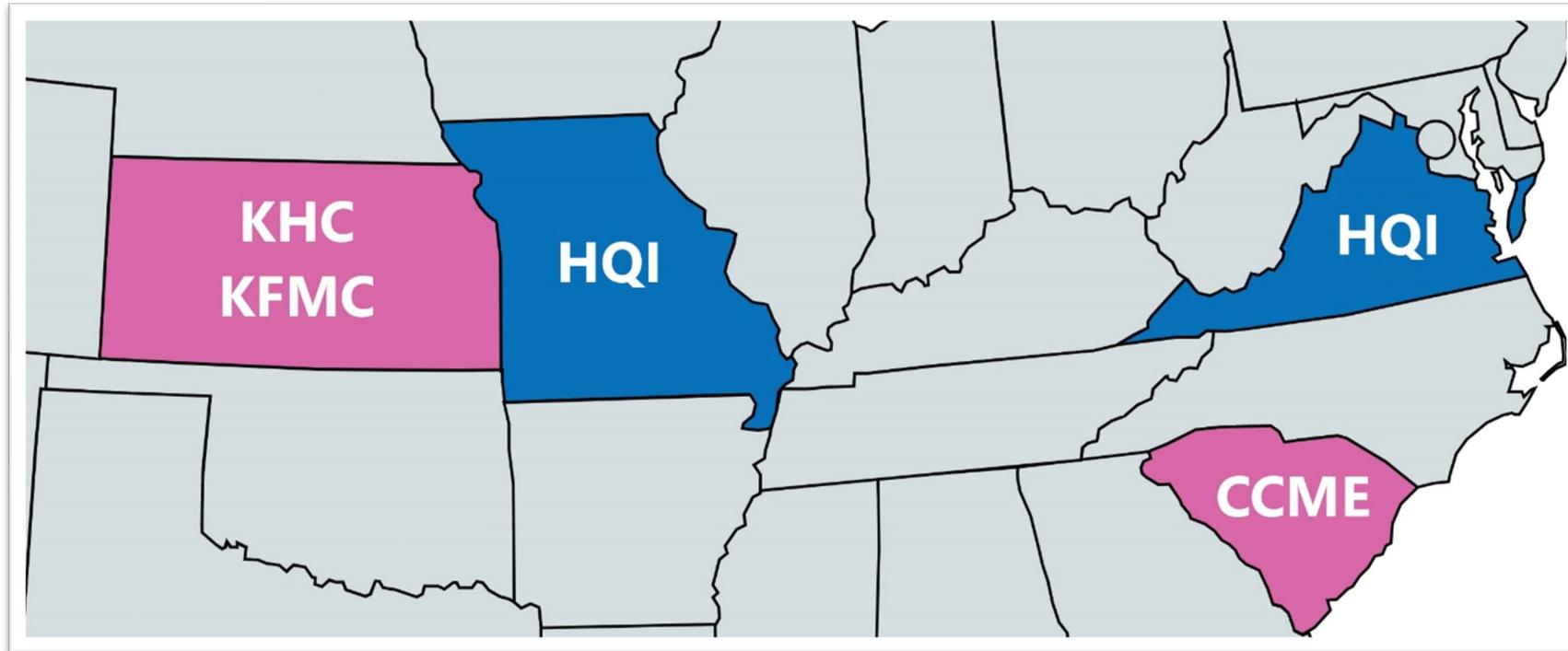


# A Magic Wand for Avoiding Sepsis: Catching Up On Vaccinations

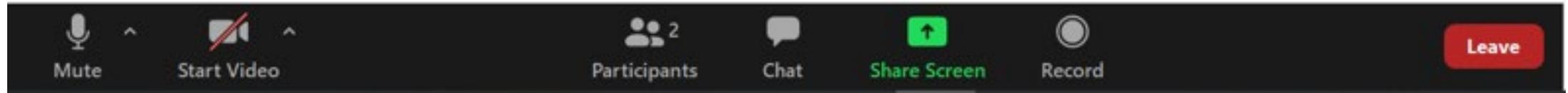
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# Health Quality Innovation Network



# Logistics – Zoom Meeting



To ask questions, click on the **Chat** icon.

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Resources from today's session will be posted in **Chat**.

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# Your HQIN Team



**Allison Spangler,**  
BSN, RN, RAC-CT,  
QCP, Quality  
Improvement  
Advisor



**Sibyl Goodwin,**  
BSN, RN, DNS-CT,  
Quality Improvement  
Advisor



**Mary Locklin,**  
MSN, RN, CIC, Senior  
Quality Improvement  
Advisor-Infection  
Prevention



**Cindy Warriner,**  
BS, RPh, CDCES,  
Senior Consultant  
Pharmacist

# Agenda

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# Sepsis Matters!

## What is Sepsis?

“Sepsis is the body’s extreme response to an infection.

It is a **life-threatening medical emergency**.

Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure and death.”

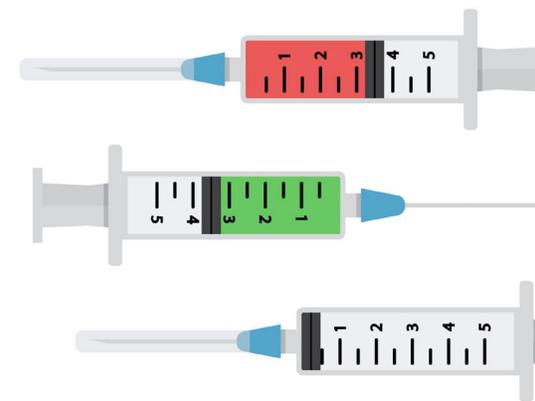


## How Does Someone Become “Septic?”

- Sepsis starts as an infection that gets into the blood stream, multiplies rapidly and travels quickly through the body.
- The body responds by sending WBCs, which causes extreme inflammation.

# Infection **Prevention** is the Best Way to Prevent Sepsis

- Vaccinations are important tools in the fight against infections.
- Vaccinations can prevent illness by killing the infection-causing organism or minimizing the impact of the illness.
- Vaccinations are safer than hoping you will get the infection and develop immunity. You avoid the serious effects of the illness itself.



## Best Practices:

- ✓ Obtain vaccination consent at admission
- ✓ Incorporate vaccination training into all staff onboarding

# New Admissions or Vaccine Clinics: Co-administer Vaccinations to Catch Up

## 5 Vaccines Recommended for Adults 65 and Over:

- COVID Series: 47.6% are up to date
- Influenza Vaccine: 71.3% are up to date\*
- Pneumococcal Vaccine: 63.4% have had\*
- Shingles Vaccine: 45.7% have had\*\*
- Tetanus: 65.1% have had within 10 years\*\*

## Note: Disparity with Vaccinations in Age > 65:

Vaccine coverage highest for white adults (non-Hispanic)

Vaccine coverage lowest for poor adults

**Vaccinations**  
prevent sepsis from  
common infections

\*<https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/nursing-home/index.html>

\*\*<https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/index.html>

# Decrease Risk of Sepsis from Pneumonia: Vaccinate for Flu and Pneumonia

- Pneumonia is the leading cause of **sepsis**, causing 50% of episodes.
- 1.3 million **ED visits** have pneumonia as a primary diagnosis.
- Pneumonia is the second most common cause of infection in nursing homes.
- Pneumonia in NH residents may present as lethargy, confusion and falls, but also assess for more typical signs: cough, hypoxia, SOB, fever.

Pneumonia, respiratory infection and sepsis are usually listed as diagnosis or cause of death, not influenza – even if that is the original cause

# Prevention of a Cascade of Illness Helps Prevent Sepsis

- Prevent debilitating illness from shingles or infected wounds from shingles to reduce the risk of infection and sepsis.
- Prevent pneumonia or severe pneumonia to reduce the risk of sepsis.
- Tetanus, a devastating illness from dirty wounds, is rare but it can cause preventable pneumonia and sepsis.
- Prevent respiratory infections from influenza, which can lead to sepsis.
- Prevent severe illness from COVID, including secondary infections caused by COVID, which can cause sepsis.



# Why Vaccinate for Shingles in Nursing Home Residents?

- Incidence increases with age, by 50% in those over 85.
- The mortality rate is 5-15%, mainly a risk for the immunocompromised and elderly.
- The risk of complications, hospitalization, blindness and death from shingles increases with age.
- The risk of postherpetic neuralgia (severe pain from shingles) increases with age.
- The Shingrix vaccine is over 90% effective at preventing shingles.
- A COVID-19 infection increases the risk of shingles.



Shingles can present with fever, chills, diarrhea, burning sensation, malaise, headache.

# Conduct a Performance Improvement Plan

## Step 1: Determine the Key Areas for Improvement:

- Complete a medical records review for 8-10 residents who were transferred to the emergency department or admitted to the hospital with sepsis.
  - **NOTE:** You can choose a different number or timeframe based on your facility's usual patterns of transfer and readmission. Select a meaningful number to help identify any trends.
- Study documentation by the nurse and other staff. Review other areas, such as lab work, notes from the hospital and vaccination records. Note any diagnostic reasons or other patterns of interest (e.g., vital signs, staff involved, medical director, time of day, unit, staffing, etc.).
- Determine if there were missed opportunities that could have prevented the issue that led to the hospital transfer.

# How to Find Vaccination Records

- Primary care provider offices and patient portals
- Local or usual pharmacy
- Previous post-acute facility
- State Immunization Registry
- Public health clinics
- Veterans Affairs records
- Local hospital systems and patient portals
- Insurance records
- Former employers
- Ask the patient and family to help



If this fails to produce answers, in many cases you may be able to give the vaccine but verify with the provider.



# Resources

- [Motivational Interviewing Strategies for Vaccine Readiness Tip Sheet](#)
- [COVID Booster Vaccine Toolkit](#)
- [Vaccine Administration Toolkit](#)
- [Bulletin Board Bundles](#)



# FOR MORE INFORMATION

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)

[LTC@hqin.solutions](mailto:LTC@hqin.solutions)

**Allison Spangler**

Quality Improvement Advisor

[aspangler@hqi.solutions](mailto:aspangler@hqi.solutions)

804.289.5342

# CONNECT WITH US

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)



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